



Minority Health Report Targets Health Disparities

The 2001 Minority Health Report published by the State Department of Health shows that in Indiana, like the nation as a whole, minority populations have significant health disparities.

The report documents that the infant mortality rate for African Americans is twice that of whites, and the incidence of heart disease, stroke, diabetes, and other chronic diseases is still one-and-a-half to two-and-a-half times higher in minority populations.

Indiana is also seeing an alarming increase in the incidence of serious health problems in its growing Latino population.

"These disparities are unacceptable," said State Health Commissioner Greg Wilson, M.D. "We must find strategies that will begin to eliminate these differences."

The Minority Health Report, which was released by the Office of Minority Health, compares the leading causes of death among racial and ethnic groups in Indiana with national data

and the goals and objectives.

In Healthy People 2010, the U.S. Surgeon General set forth a set of health objectives for the nation to achieve during this decade. These

objectives were designed to increase quality and years of healthy life and to eliminate health disparities. The State Department of Health uses these objectives as a guide in developing

programs to improve public health in Indiana.

The Minority Health Report presents the top 10 leading causes of death for each racial and ethnic group. Each cause is presented with a short review of the disease, progress tables of mortality rates for Indiana from 1995 to 1999, differences between race and ethnic groups, and a comparison of Healthy People 2010 target to that of national and Indiana mortality data.

Heart disease was the number one cause of death in Indiana in 1999 for African Americans, Native



OFFICE OF MINORITY HEALTH Director Danielle Patterson welcomes colleagues at recent open house, which was held with encouragement from State Health Commissioner Greg Wilson, M.D. (right). Open house attendees were able to learn more about minority health through conversations with Office of Minority Health staff. The recently released Minority Health Report, developed by the Office of Minority Health, received the expert input of an advisory committee that included medical and health care specialists.

Photo by Daniel Axler

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Indiana, Eight Other States, Chosen to Receive Assistance on Plan to Address Chronic Disease

Indiana is one of nine states chosen by the National Governors Association (NGA) to receive technical assistance in developing and implementing a plan of action to address chronic disease in this state.

As a result of this selection, Indiana will send a team of 10 people August 28-30 to the NGA's Policy Academy on Chronic Disease Prevention and Management, which is funded by the Centers for Disease Control and Prevention (CDC). The academy is designed to help the governors of the eight states and one territory formulate and put into practice policies and programs to prevent and manage chronic diseases.

"We appreciate the opportunity to work with the chronic disease experts and policy makers from other states as we tackle Indiana's chronic disease problem," said State Health Commissioner Greg Wilson, M.D.

The Indiana team will include Wilson and Melanie Bella, assistant secretary of Family and Social Services Administra-

tion-Office of Medicaid Policy and Planning, along with four members of the Indiana General Assembly:

Sen. Patricia Miller, Indianapolis, chair of the Senate Health and Provider Services Committee;

Sen. Connie Lawson, Danville, chair of the Public Health Subcommittee;

Rep. Charlie Brown, Gary, chair of the House Public Health Committee; and

Rep. Peggy Welch, Bloomington, member of the House Public Health Committee.

Other members of the team will include:

Robbie Barkley, vice president of advocacy for the American Heart Association, Midwest Affiliate;

Anna Miller, researcher for the Indiana University Cancer Center;

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American Indians, Alaska Natives, Latinos, and whites. Cancer was the leading cause of death in Indiana in 1999 for Asian Americans.

The report assesses the changing health status of the community to help the State Department of Health develop resources and interventions in areas of need and to improve

1999 Indiana Death Rate Per 100,000 Population	White	Black	American Indian/ Alaska Native	Asian American/ Pacific Islander	Hispanic	Indiana Rate	U.S. Rate
Heart Disease	200.5	243.5	76.8	89	124.9	202.6	267.8
Cancer	213.7	283.8	42.4	108.2	112.7	217.2	202.7

modifiable health risk factors for adverse health conditions.

“We have worked and will continue to work with local health departments, churches, businesses, and community-based organizations to increase their capacity and willingness to address public health issues in minority populations,” said Dr. Wilson.

As part of its commitment to improving the health of minorities in Indiana, the State Department of Health has set the following goals:

- Improve access and quality of health care for individuals in minority populations.
- Develop programs and strategies that provide a positive health care message to minorities, in a culturally sensitive manner.
- Educate both patients and providers on the expectations for optimal care and management of medical conditions, from chronic disease to pregnancy.
- Publicize the facts about health disparities, since many people in Indiana do not understand that these disparities exist.

The State Department of Health is working with minority communities and taking a systemic approach to erasing

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Cynthia Collier, director of Communication, Policy and Planning at Family and Social Services Administration; and Sue Percifield, director of Chronic/Communicable Disease Division at the State Department of Health.

State health records show that chronic diseases were the cause of more than 75 percent of the 55,209 deaths in Indiana in 2000. Cardiovascular diseases, cancer, and diabetes accounted for more than 65 percent of the total deaths.

“Chronic diseases have a dramatic effect on Indiana’s economy, and taxpayers bear much of the cost burden,” Wilson said. “Diabetes is a major health problem, affecting over 360,000 Hoosiers and costing several billion dollars each year. Furthermore, every Indiana household pays more than \$437 annually in state and federal taxes for tobacco-caused health costs.”

According to the latest United Health Foundation Report, which ranks best as 1 and worst as 50, Indiana ranks 39th in total mortality, 47th in prevalence of smoking, 35th in heart disease, 30th in cancer deaths, and 30th in premature death. In studies of lung cancer, Indiana is the ninth highest in the country.

In minority health outcomes, Indiana ranks 48th in “years

Pediatrics Group Honors Commissioner



STATE HEALTH COMMISSIONER GREG WILSON, M.D. speaks following his reception of the Virginia M. Wagner Award from Carol Touloukian, M.D., president of the Indiana Chapter of the American Academy of Pediatrics. The award recognized his lifelong service to children touching on multiple areas, including: clinical care; pediatric education; child health-related program development; health care administration; Indiana Chapter AAP leadership; child health advocacy, including legislative activities; child health policy; actions as State Health Commissioner for Indiana; and, numerous other community-service activities. The award was presented at the annual ICAAP business meeting, May 16.

Photo by Daniel Axler

these minority disparities in the development of its new Minority Health Disparities Plan.

As part of this effort, state health officials will be including requirements for cultural competency in contracts with grantees, and will provide this service through the agency’s Office of Cultural Diversity and Enrichment.

The Minority Health Report is available on the Web at <http://www.IN.gov/isdh>, by clicking on the Publications button.

of potential years lost before age 75” for African-Americans (again, 1 equals best and 50 equals worst). Other studies show mortality rates for the leading chronic diseases to be 1.5 to 2.5 times higher in Indiana for African-Americans.

The State Department of Health has formed a Chronic Disease Advisory Council, which comprises the medical directors of all the major health insurers, academic experts, non-profit organizations, minority groups, consumers, employers, and representatives of health care provider groups. The first initiative of this Council was to develop evidence-based, consensus clinical guidelines for the management of diabetes. These guidelines have been distributed to all physicians and health care facilities in the state through multiple mailings. More than 100,000 brochures on the management of diabetes have already been distributed to individuals with this condition.

The Chronic Disease Advisory Council is expanding its focus to include cardiovascular disease during the next year.

The State Department of Health has also formed a statewide Cancer Consortium, in cooperation with the Indiana University Cancer Center and the American Cancer Society. The Consortium, which has more than 60 members, is working to develop a state cancer plan and implement intervention strategies.

Current Fluoride Director Works to Honor Predecessor with 'Sagamore of the Wabash'

Allen B. Craven, former director of the water fluoridation program at the Indiana State Department of Health, has been awarded a Sagamore of the Wabash. Mark Mallatt, D.D.S., director of Oral Health at the ISDH, presented the award on behalf of the Governor, on May 8 during a luncheon ceremony. May 8 also marked Craven's 87th birthday. The Sagamore was presented at ISDH's 2 North Meridian Street offices in Indianapolis.

The ceremony culminated efforts initiated in writing by Dan Cain, current water fluoride program director, who worked under the leadership of Craven before his retirement in 1985. Cain had addressed a letter to Dr. Mallatt that recommended nominating Craven for the Sagamore. In the letter, Cain extolled Craven's life accomplishments, especially those while employed at the then State Board of Health as director of Water Fluoridation. Dr. Mallatt reviewed Cain's letter and sent his own request to State Health Commissioner Greg Wilson, M.D. for his consideration. Following his review, Dr. Wilson drafted a letter of support for Governor O'Bannon's consideration.

In the supporting documentation, Cain said that Craven:

- Served as the first Environmental Health Specialist for Henry County (1967). Craven sought and received specialized training from the Centers for Disease Control and Prevention, ISDH, and the U.S. Food and Drug Administration. He established an annual Henry County cleanup campaign, and started an unsafe building destruction program that resulted in the demolition of 18 unsafe buildings in New Castle.

- Achieved status as a Registered Professional Sanitarian (1968). As Henry



FORMER DIRECTOR OF WATER FLUORIDATION Allen B. Craven holds Sagamore of the Wabash awarded him at presentation ceremonies, May 8. On hand for the occasion are (l. to r.) Jim Powers, Fred Finney, and George Marks, all Indiana State Department of Health Oral Health water fluoridation field staff; Mark Mallatt, D.D.S., director, Oral Health; Allen B. Craven; John Jorczak, D.D.S., a former field staff member who worked under Craven, and Dan Cain, current director of Water Fluoridation.

Photo by Daniel Axler

County's sanitarian, Craven led the effort to establish a solid waste landfill and routine use of dumpsters throughout the county. He also wrote a sewage ordinance, which was later emulated by many other counties, and developed radio health spot broadcasts of 30 seconds each, three days per week, for a local radio station. The Indiana Public Health Association later recognized the station with an award for this effort.

Craven also served on the local Community Action Program board, wrote nutritional grants and helped guide nutritional activities for the young, poor, and aged. He developed vocational services for clients and administered a dental program for the disadvantaged.

- Managed a family dairy farm near Knightstown before graduating from Purdue in 1943 with credits in dairy farm management.

- Owned and operated a Miller Dairy franchise in Knightstown for 15 years from 1950 to 1965. During this time, Craven served as president of the board of the local United Fund (1958), the Chamber of Commerce (1958), and the Kiwanis (1957). He was voted local man of the year in 1959.

- Served as director of Water Fluoridation at the State Board of Health (1977-1985)—the agency that was later to be renamed the State Department of Health. While there, Cain says that Craven transformed the statewide water fluoridation system. Before he came "there were 113 fluoridated community water systems serving 3,150,248 people; it was rare if 60 percent of those fluoridation units were operating at optimal levels."

When Craven arrived at his new post, Cain said "there were 12 rural elementary schools in the state with water fluoridation equipment but only three of those units were actually in operation."

Cain said that in nine months, Craven more than doubled the number of fluoridated schools to 27 so that 11,000 Indiana children were receiving the benefits of fluoridated water. "Routinely 85-90 percent of the fluoridated schools maintained optimal fluoride levels," Cain said.

"The number of fluoridated communities increased to 116 and the percentage of them maintaining optimal fluoride levels also improved," Cain said.

"By 1982, under six years of Craven's guidance, an additional 250,000 Indiana citizens were benefiting from water fluoridation at 106 schools and 176 communities . . . and maintaining optimal fluoride levels 85-90 percent of the time," Cain added.

In 1978 Cain came to work in Craven's unit at ISDH.

"Allen was more than a supervisor and mentor. In my professional life, his training and influence taught me how to influence people while getting along with them and to be relentless in my pursuit of excellence for Indiana's water fluoridation program," Cain said.

Dr. Mallatt said, "The award is especially appropriate since 2001, commemorates 50 years of water fluoridation in Indiana, commencing in 1951."

Prenatal Substance Use Prevention Program Increases Sites, Coverage

Women who are smokers and also either pregnant or of child-bearing age will be getting assistance to stop smoking in 12 new Indiana locations starting in June.

The Indiana State Department of Health (ISDH) Prenatal Substance Use Prevention Program (PSUPP) will be featuring seven new program sites providing



CAROLYN WALLER
Prenatal Substance Use Prevention Prgm.

Photo by Daniel Axler

coverage to 12 additional counties, according to the program's director, Carolyn Waller.

The sites will be located in settings like existing clinics and commu-

nity health centers, which receive funding from ISDH.

Seven existing program sites already offer services in 10 other counties, bringing the total to 22 statewide with the addition of the new locations.

Waller says that county statistics compiled from birth certificates for the year 2000 show that smoking mothers at the time of delivery range from a low of 6.8 percent in Hamilton County to a high of 38.7 percent in Perry County. County statistics showing tobacco use by a high percentage of mothers at the time of child bearing were considered in selecting the new sites; however, some high usage counties could not be selected due to lack of an adequate office location.

Although major emphasis will be on stopping tobacco use, other forms of substance use will also receive limited attention, Waller said.

A two year grant of \$913,220 from the Indiana Tobacco Prevention and Cessation Agency is being used to fund the program. The money comes from the tobacco settlement.

Smoking During Pregnancy Poses Risks of Lower Intelligence, Disease and Mortality to Infants

Medical authorities say the number one cause of infant death and disease is low birth weight. Low birth weight babies (weighing less than 5.5 pounds) and babies whose physical and intellectual growth is below normal are more likely to be born to women who smoke during their pregnancies than to nonsmoking mothers. Smoking is a major cause of miscarriages, complications during pregnancy, and premature deliveries.

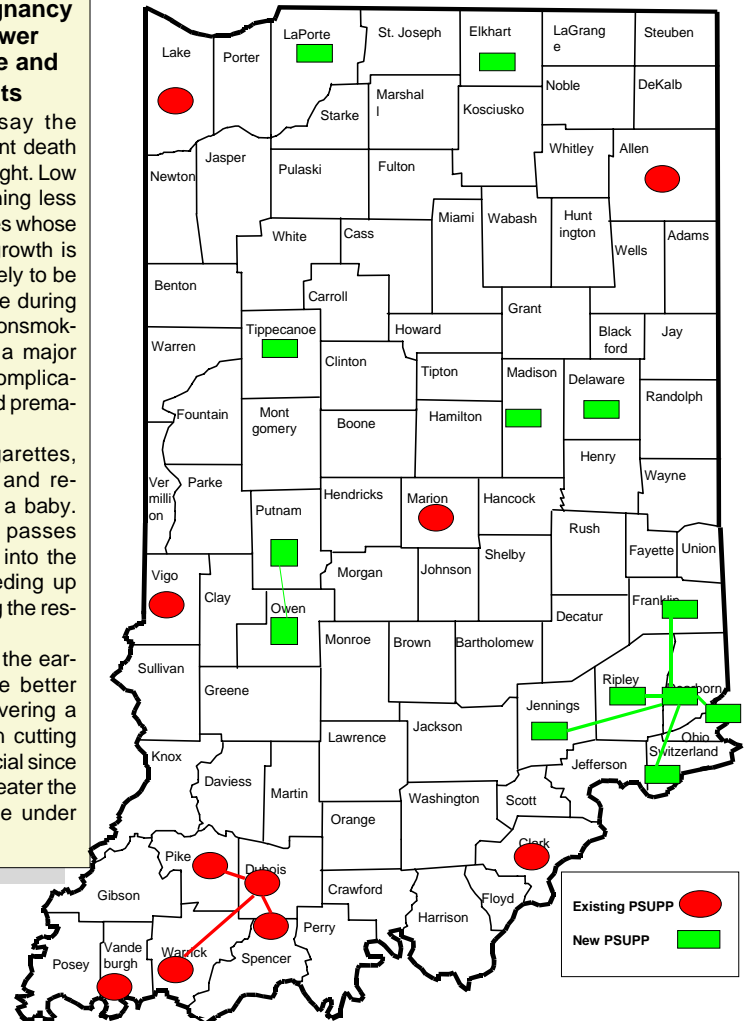
Nicotine, found in cigarettes, constricts blood vessels and reduces oxygen needed by a baby. When smoking, nicotine passes through the placenta and into the baby's bloodstream, speeding up the heart rate and upsetting the respiratory system.

The good news is that the earlier you quit smoking, the better your chances are for delivering a normal weight baby. Even cutting down on smoking is beneficial since the more you smoke the greater the chances your baby will be under weight.

New counties where programs will operate include:

LaPorte, Elkhart, Delaware, Madison, Tippecanoe, Putnam-Owen (with a single site) and Ripley, which will serve Dearborn, Ohio, Switzerland, and Jennings counties.

Waller says that helping women to stop smoking is most effective if approached from physiological, psychological, and social perspectives. The women need training and education to break the habit of reaching for a cigarette by things like chewing gum or by choosing to use the cigarette hand to hold the telephone, by exercising to reduce stress, and by planning ahead on what actions to take on those social occasions when others will be smoking. "Success lies with helping women find momentary distractions when the urge to smoke arises," Waller said.



GREEN MAP SYMBOLS represent new Prenatal Smoking Use Prevention Program counties to be served starting in June 2002. The green together with the red symbols, representing the existing sites, show expanded statewide county coverage of the program.



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David W. Pilbrow, Editor
Telephone (317) 233-7336
Fax: (317) 233-7873
dpilbrow@isdh.state.in.us
<http://www.IN.gov/isdh>

Margaret Joseph, Director of Public Affairs

Gregory A. Wilson, M.D.
State Health Commissioner

Michael A. Hurst
Deputy State Health Commissioner and
Special Counsel to the Commissioner